QUESTIONNAIRE TOBACCO SMOKE RETENTION PROJECT

Test Subject: D					
Address Columbus, Ohio	The state of the s	Sex			
Age 42 Occupation Research			July 28,		
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. Do you smoke?		Yes	X N	0	
. Have you ever smoked?			X N		7
COLD STREET, ALL STREET, AND ADDRESS OF THE COLD STREET, AND A		un basey and stay			
If yes, what type, quantity and durat	and the second s	ing?	er, an erec Frankliker		_1, 5, _1, 5,
Filter cigarettes, 1 pack a day, 10) years				*
The second secon		and all an arthur designs and a survey and a survey	وحف برهنجين المولومين		kyttyl Sport
. Do you now have a respiratory illnes (cold, bronchitis, flu, virus, etc.)	s? 🧠 🔆 😋	n grown all Yes	the state of the s	· Joseph ·	
. Have you recently had a respiratory			N	о Х	gas e te
. Do you have any of the following dise	er till næmmi kl t	Department of the contract			
Yes Influenza		Heart Disease	1 (24-) (1 (4) 3	22 3 3 54 3 3	No X
Pneumonia Sinusitis		Cough Expectoration		uleady) ji	X
Asthma Tuberculosis Other Respiratory Disease	X	Wheezing Shortness of B Chest Pain	reath _		X X X
Explain yes answers:			eger options the		

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